

NC-TOPPS Mental Health and Substance Abuse

Child (Ages 6-11)

Initial Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

Clinician First Initial & Last Name

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LME Assigned Consumer Record Number

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Reporting Unit

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Please provide the following information about the individual:

1. Date of Birth

				/			/		
--	--	--	--	---	--	--	---	--	--

2. County of Residence:

3. Gender

☐ Male ☐ Female

4. Is this a LME enrolled consumer?

☐ Y ☐ N ☐ Don't know

5. Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports:

☐ Child Mental Health, age 6-11

6. IPRS Target Populations (mark all that apply)

- | | |
|--------------------------------|--|
| <input type="checkbox"/> CSMAJ | <input type="checkbox"/> CMSED |
| <input type="checkbox"/> CSSAD | <input type="checkbox"/> CMMED |
| <input type="checkbox"/> CSIP | <input type="checkbox"/> CMDEF |
| <input type="checkbox"/> CSSP | <input type="checkbox"/> CMPAT |
| <input type="checkbox"/> CSWOM | <input type="checkbox"/> CDECI |
| <input type="checkbox"/> CSCJO | <input type="checkbox"/> CDSN |
| <input type="checkbox"/> CSDWI | <input type="checkbox"/> None of the above |

7. Assessments of Functioning

a. Current Global Assessment of Functioning (GAF) Score

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8. Please indicate the DSM-IV TR diagnostic classification(s) for this individual.

(See Attachment I)

9. Special Populations (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Traumatic Brain Injury (TBI) | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> DSS Custody | <input type="checkbox"/> Outpatient Commitment |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Child discharged from state-operated facility |
| <input type="checkbox"/> Non-English Speaking | <input type="checkbox"/> Therapeutic Foster Care |
| <input type="checkbox"/> Sexually Reactive Youth | <input type="checkbox"/> None of these |

10. Special Programs (mark all that apply)

- ☐ Multi-Systemic Therapy (MST)
☐ Intensive in-home
☐ Methamphetamine Treatment Initiative
☐ None of these

11. For Child discharged from state-operated facility only (from 'Special Populations,' question 9): Please specify (a) from which institution the individual was discharged and (b) the date of discharge:

- ☐ Broughton Hospital
☐ Cherry Hospital
☐ Dorothea Dix Hospital
☐ John Umstead Hospital
☐ Whitaker School
☐ Wright School

b. Date of Discharge

		/			/		
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Begin Interview

12. Who is the respondent?

- ☐ Parent ☐ Other
☐ Guardian

13. Is your child of Hispanic, Latino, or Spanish origin?

- ☐ Y ☐ N → (skip to 14)
b. If yes, please specify origin:
☐ Hispanic, Mexican American
☐ Hispanic, Puerto Rican
☐ Hispanic, Cuban
☐ Hispanic, Other

14. Which of these groups best describes your child?

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> White/Anglo/Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Other |

15. What kind of health/medical insurance does your child have? (mark all that apply)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Private insurance/health plan | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> CHAMPUS or CHAMPVA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Choice | <input type="checkbox"/> Unknown |

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16. Is your child currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions) ☐ Y ☐ N → (skip to 17)

b. If **yes**, what programs are your child currently enrolled in for credit? (mark all that apply)

☐ Alternative Learning Program (ALP)- at-risk students outside standard classroom
☐ Academic schools (K-12)

17. For K-12 only:

a. What grade is your child currently in?

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b. For your child's most recent reporting period, what grades did s/he get most of the time? (mark only one)

☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

c. If school does not use traditional grading system, for your child's most recent reporting period, did s/he pass or fail most of the time? ☐ Pass ☐ Fail

18. For K-12 only: In the past 3 months, how many days of school has your child missed due to...

a. Expulsion

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b. Out-of-school suspension

--	--

c. Truancy

--	--

d. Is your child currently expelled from regular school? ☐ Y ☐ N

19. In the past 3 months, how often have your child's problems interfered with play, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

20. In the past year, how many times has your child moved residences?

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→ (if none, skip to 21)

b. What was the reason(s) for your child's most recent move? (mark all that apply)

- ☐ Moved closer to family/friends
☐ Moved in with roommate
☐ Moved to nicer location
☐ Moved to safer location
☐ Needed more supervision
☐ Needed more supports
☐ Moved to location with more independence
☐ Moved to location with better access to activities and/or services
☐ Evicted
☐ Could no longer afford previous location
☐ Other

21. In the past 3 months, where did your child live most of the time?

☐ Homeless → (skip to b) ☐ Residential program → (skip to d)

☐ Temporary housing → (skip to c) ☐ Facility/institution → (skip to e)

☐ In parent's/guardian's home/apt ☐ Other → (skip to 22)
→ (skip to 22)

b. If homeless, please specify your child's living situation most of the time in the past 3 months.

☐ Sheltered (homeless shelter)
☐ Unsheltered (on the street, in a car, camp)

c. If temporary housing, please specify the type of temporary housing your child lived in most of the time in the past 3 months.

☐ Transitional housing (time-limited stay)
☐ Living temporarily with other(s)

d. If residential program, please specify the type of residential program your child lived in most of the time in the past 3 months.

☐ Foster home
☐ Therapeutic foster home
☐ Level III group home
☐ Level IV group home
☐ State-operated residential treatment center

e. If facility/institution, please specify the type of facility your child lived in most of the time in the past 3 months.

☐ Psychiatric Residential Treatment Facility (PRTF)
☐ Public institution
☐ Private institution
☐ Correctional facility

22. Was this living arrangement in your child's home community?

☐ Y ☐ N

23. In the past 3 months, who did your child live with most of the time? (mark all that apply)

☐ Mother/Stepmother ☐ Sibling(s)
☐ Father/Stepfather ☐ Other relative(s)
☐ Grandmother ☐ Guardian
☐ Grandfather ☐ Other
☐ Foster family

24. In the past 3 months, who was your child's primary caregiver? (mark only one)

☐ Parent(s) ☐ Foster parents
☐ Grandparent(s) ☐ Other relative(s)
☐ Sibling(s) ☐ Other

25. Does your child have an identified public or private primary health care provider? ☐ Y ☐ N → (skip to 26)

b. When was the last time your child saw this provider?

☐ Within the past year
☐ Within the past 2 years
☐ Within the past 5 years
☐ More than 5 years ago

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26. In the past 3 months, how often did your child participate in ...

a. extracurricular activities?

☐ Never ☐ A few times ☐ More than a few times

b. support or self-help groups?

☐ Never ☐ A few times ☐ More than a few times

c. organized religious activities?

☐ Never ☐ A few times ☐ More than a few times

27. Has your child used tobacco or alcohol?

☐ Y ☐ N ☐ Don't know

28. Has your child used illicit drugs or other substances?

☐ Y ☐ N ☐ Don't know

29. In the past 3 months, how often has your child been hit, kicked, slapped, or otherwise physically hurt?

☐ Never → (skip to 30)

☐ A few times

☐ More than a few times

☐ Deferred → (skip to 30)

b. By whom was your child physically hurt?
(mark all that apply)

☐ Parent ☐ Peer (other child)

☐ Sibling ☐ Gang member(s)

☐ Other adult ☐ Don't know

30. In the past 3 months, how often has your child hit, kicked, slapped, or otherwise physically hurt someone?

☐ Never

☐ A few times

☐ More than a few times

☐ Deferred

31. Has your child ever been forced or pressured to do sexual acts?

☐ Y ☐ N → (skip to 32) ☐ Deferred → (skip to 32)

b. What is the most recent time that your child has been forced or pressured to do sexual acts?

☐ Within the past 3 months

☐ Within the past year

☐ Within the past 5 years

☐ More than 5 years ago

32. In the past 3 months, how often has your child tried to hurt him/herself or caused him/herself pain on purpose (such as cut, burned, or bruised self)?

☐ Never ☐ A few times ☐ More than a few times

33. In your child's lifetime, has s/he ever attempted suicide?

☐ Y ☐ N

34. In the past 3 months, how often has your child had thoughts of suicide?

☐ Never ☐ A few times ☐ More than a few times ☐ Don't know

35. In the past month, how many times has your child been in trouble with the law?
(enter 0 if none)

36. Is your child currently under any type of juvenile justice supervision? ☐ Y ☐ N

37. Is your child's admission to treatment required by the courts or the criminal or juvenile justice system?

☐ Y ☐ N

38. In the past 3 months, approximately how many...

a. **telephone** contacts to an emergency crisis facility did your child have?

b. **face-to-face** contacts to an emergency crisis facility or mobile crisis unit did your child have?

c. **visits** to a hospital emergency room did your child have?

e. **nights** in a facility-based crisis service did your child spend?

f. **nights** in facility-based respite did your child spend?

g. **nights** in an inpatient facility for mental health treatment did your child spend?

h. **nights** in a medical/surgical hospital did your child spend?

i. **nights** homeless (sheltered or unsheltered) did your child spend?

j. **nights** in juvenile detention or youth development center did your child spend?

39. In your child's lifetime, approximately how many prior admissions (not including this admission) to...

a. outpatient mental health treatment has your child had?

b. an inpatient hospital or residential facility for mental health treatment has your child had?

c. a therapeutic foster home and family group home has your child had?

d. Level III group home has your child had?

e. Level IV residential treatment facility has your child had?

f. a psychiatric residential treatment facility (PRTF) has your child had?

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40. Other than yourself, how many active, stable relationship(s) with adult(s) who serve as positive role models does your child have? (i.e., member of clergy, neighbor, family member, coach) ☐ None ☐ 1 or 2 ☐ 3 or more

41. How well has your child been doing in the following areas of his/her life in the past year?

	Excellent	Good	Fair	Poor
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Did you receive a list or options, verbal or written, of places for your child to receive services?

☐ Yes, I received a list or options

☐ No, I came here on my own

☐ No, nobody gave me a list or options

43. Was your child's first service in a time frame that met his/her needs? ☐ Y ☐ N

44. Did your child and/or family have difficulty entering treatment because of problems with... (mark all that apply)

☐ No difficulties prevented your child from entering treatment

☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)

☐ Active substance abuse symptoms (addiction, relapse)

☐ Physical health problems (severe illness, hospitalization)

☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)

☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)

☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)

☐ Cost or financial reasons (no money for cab, treatment cost)

☐ Stigma/Embarrassment

☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)

☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)

☐ Legal reason (incarceration, arrest)

☐ Transportation/Distance to provider

☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

45. How important is help or services for your child in any of the following areas?

	Not Important	Somewhat Important	Very Important	NA
a. Educational improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family and/or peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychological/emotional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Interpreter (deaf or foreign language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Appropriate living setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Housing (basic shelter or rent subsidy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. In the past month, how would you describe your child's mental health symptoms?

☐ Extremely Severe

☐ Severe

☐ Moderate

☐ Mild

☐ Not present

End of interview

**Enter data into web-based system:
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Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Motor skills disorders (315.40)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Conduct disorder (312.80)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Disruptive behavior (312.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)